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**\*BIBDATASHEET\***

CONFIRMATION NO. 6725

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/015,521	<b>FILING OR 371(c) DATE</b> 12/13/2001 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> UF156IB-D3
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/597,360 06/19/2000 PAT 6,551,791  
 which is a CIP of PCT/US99/05751 03/16/1999  
 and is a CIP of 09/936,954 01/24/2002 ABN  
 which is a CIP of 08/621,557 03/25/1996 PAT 5,910,421 \*  
 which is a CIP of 08/576,604 12/21/1995 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 02/05/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 2	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

29847

**TITLE**

METHOD FOR RAPIDLY DIAGNOSING UPPER RESPIRATORY CONDITIONS.

<b>FILING FEE RECEIVED</b> 670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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